

## National Organic Certification Cost-Share Program Application

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number or EIN: \_\_\_\_\_

Name of Certification Organization (& Chapter # if relevant) : \_\_\_\_\_

### *Certification Fees*

Application Fee: \$ \_\_\_\_\_

Inspection Fee: \$ \_\_\_\_\_

**Total Costs** \$ \_\_\_\_\_

Return the National Organic Certification Cost-Share Application Form, W9 Form, Copy of your Organic Certificate or Letter of Continuation of Certification and Itemized Invoice for costs associated with certification to:

**Idaho State Department of Agriculture  
Organic Program  
P.O. Box 790  
Boise, ID 83701**